

Registration Form *New Hampshire Technical Institute (NHTI)*

The Center for Training & Business Development (CTBD)

Date : _____

Name: _____

Daytime Phone (____) _____ Ext. _____

Address: _____

Home Phone: (____) _____

EMAIL: _____

City: _____ State: _____ Zip: _____

Fax: (____) _____

Guardians ad Litem Training

Course(s)	Date(s) / First Choice	Date(s) / Second Choice	Tuition
Total			

☐ Credit Card - Charge to: MasterCard / VISA / Discover

Account # _____

☐ Check

Expiration Date ____/____/____

Signature _____

V-Code (on back) ____/____/____

Mail registration form and make payment to: New Hampshire Technical Institute - CTBD, 31 College Drive, Concord NH 03301

Fax your registration form to: (603) 271-6667

I understand by registering for courses at NHTI, I am financially obligated for **ALL** costs related to the registered course(s). If I do not make payment in full, I understand my account may be reported to the credit bureau and/or turned over to an outside collection agency. I also understand I will be responsible for the costs of the outside collection agency and/or any legal fees.
signature: _____

Registration:

Please call (603)-271-6663 if you have any questions regarding the registration process and/or need directions to the campus. You will receive confirmation.

Refund Policy:

If you need to cancel your registration, please do so within three business days in order to be eligible for a refund.